

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
SAN ANTONIO DIVISION**

**INVOLUNTARY  
PETITION**

IN RE (Name of Debtor - If Individual: Last, First, Middle)  
**MDI, Inc.**

ALL OTHER NAMES used by debtor in the last 8 years  
(Include married, maiden, and trade names.)

Last four digits of Social-Security or other Individual's Tax-I.D. No. / Complete EIN  
(If more than one, state all.):  
**75-2626358**

STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)  
**835 Proton  
San Antonio, TX**

MAILING ADDRESS OF DEBTOR (If different from street address)  
**12500 Network Blvd  
San Antonio, TX**

COUNTY OF RESIDENCE OR  
PRINCIPAL PLACE OF BUSINESS: **Bexar**

ZIP CODE  
**78258**

ZIP CODE  
**78249**

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)

CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED

☒ Chapter 7

☐ Chapter 11

**INFORMATION REGARDING DEBTOR (Check applicable boxes)**

**Nature of Debts**  
(Check one box.)

Petitioners believe:

- ☐ Debts are primarily consumer debts  
☒ Debts are primarily business debts

**Type of Debtor**  
(Form of Organization)

- ☐ Individual (Includes Joint Debtor)  
☒ Corporation (Includes LLC and LLP)  
☐ Partnership  
☐ Other (If debtor is not one of the above entities,  
check this box and state type of entity below.)

**Nature of Business**  
(Check one box.)

- ☐ Health Care Business  
☐ Single Asset Real Estate as defined in  
11 U.S.C. § 101(51)(B)  
☐ Railroad  
☐ Stockbroker  
☐ Commodity Broker  
☐ Clearing Bank  
☒ Other

**VENUE**

- ☒ Debtor has been domiciled or has had a residence, principal place  
of business, or principal assets in the District for 180 days  
immediately preceding the date of this petition or for a longer part  
of such 180 days than in any other District.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner or  
partnership is pending in this District.

**FILING FEE (Check one box)**

- ☒ Full Filing Fee attached  
☐ Petitioner is a child support creditor or its representative, and the form  
specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached.
- [If a child support creditor or its representative is a petitioner, and if the  
petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act  
of 1994, no fee is required.]*

**PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER  
OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets)**

Name of Debtor

Case Number

Date

Relationship

District

Judge

**ALLEGATIONS**  
(Check applicable boxes)

1. ☒ Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b).
2. ☒ The debtor is a person against whom an order for relief may be entered under title 11  
of the United States Code.
- 3.a. ☒ The debtor is generally not paying such debtor's debts as they become due, unless  
such debts are the subject of a bona fide dispute as to liability or amount;  
or
- b. ☐ Within 120 days preceding the filing of this petition, a custodian, other than a trustee,  
receiver, or agent appointed or authorized to take charge of less than substantially all  
of the property of the debtor for the purpose of enforcing a lien against such  
property, was appointed or took possession.

COURT USE ONLY

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Name of Debtor MDI, Inc.

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

- ☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

**X**

Signature of Petitioner or Representative (State title)

19 Vine, LLC

Name of Petitioner

Date Signed

Name and Mailing Justin P. Oberman  
Address of Individual Managing Director  
Signing in Representative 1962 Bissell, No. 3  
Capacity Chicago, IL 60614

**X**

Signature of Attorney

Date

Dean W. Greer

Name of Attorney Firm (if any)

2929 Mosserock, Suite 117  
Address San Antonio, TX 78230

Telephone No. (210) 342-7100**X**

Signature of Petitioner or Representative (State title)

Michael Alvarez

Name of Petitioner

Date Signed

Name and Mailing  
Address of Individual  
Signing in Representative  
Capacity

**X**

Signature of Attorney

Date

Dean W. Greer

Name of Attorney Firm (if any)

2929 Mosserock, Suite 117  
Address San Antonio, TX 78230

Telephone No. (210) 342-7100**X**

Signature of Petitioner or Representative (State title)

James W. Power

Name of Petitioner

Date Signed 4/15/10

Name and Mailing  
Address of Individual  
Signing in Representative  
Capacity

**X**

Signature of Attorney

Date

Dean W. Greer

Name of Attorney Firm (if any)

2929 Mosserock, Suite 117  
Address San Antonio, TX 78230

Telephone No. (210) 342-7100**PETITIONING CREDITORS**

Name and Address of Petitioner  
19 Vine, LLC  
1962 Bissell, No. 3  
Chicago, IL 60614

Nature of Claim  
Professional Fees

Amount of Claim  
\$12,000.00

Name and Address of Petitioner  
Michael Alvarez  
Alvarez & Associates, Inc.  
6120 N. Kirkwood  
Chicago, IL 60646

Nature of Claim  
Professional Fees

Amount of Claim  
\$9,000.00

Name and Address of Petitioner  
James W. Power  
4202 Paseo de las Tortugas  
Torrance, CA 90505

Nature of Claim  
Director's Fees

Amount of Claim  
\$74,000.00

Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.

Total Amount of  
Petitioners' Claims  
\$95,000.00

0 continuation sheets attached

Name of Debtor MDI, Inc.

Case No. \_\_\_\_\_

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Justin P. Oberman, Managing Director  
Signature of Petitioner or Representative (State title)

19 Vine, LLC 4/13/10  
Name of Petitioner Date Signed

Name and Mailing Justin P. Oberman  
Address of Individual Managing Director  
Signing in Representative 1962 Bissell, No. 3  
Capacity Chicago, IL 60614

X Dean W. Greer 4/14/10  
Signature of Attorney Date

Name of Attorney Firm (If any)  
2929 Mossrock, Suite 117  
Address San Antonio, TX 78230

Telephone No. (210) 342-7100

X \_\_\_\_\_  
Signature of Petitioner or Representative (State title)

Michael Alvarez  
Name of Petitioner Date Signed

Name and Mailing  
Address of Individual  
Signing in Representative  
Capacity

X \_\_\_\_\_  
Signature of Attorney Date

Dean W. Greer  
Name of Attorney Firm (If any)  
2929 Mossrock, Suite 117  
Address San Antonio, TX 78230

Telephone No. (210) 342-7100

X \_\_\_\_\_  
Signature of Petitioner or Representative (State title)

James W. Power  
Name of Petitioner Date Signed

Name and Mailing  
Address of Individual  
Signing in Representative  
Capacity

X \_\_\_\_\_  
Signature of Attorney Date

Dean W. Greer  
Name of Attorney Firm (If any)  
2929 Mossrock, Suite 117  
Address San Antonio, TX 78230

Telephone No. (210) 342-7100

**PETITIONING CREDITORS**

Name and Address of Petitioner <u>19 Vine, LLC</u> <u>1962 Bissell, No. 3</u> <u>Chicago, IL 60614</u>	Nature of Claim <u>Professional Fees</u>	Amount of Claim <u>\$12,000.00</u>
Name and Address of Petitioner <u>Michael Alvarez</u> <u>Alvarez &amp; Associates, Inc.</u> <u>6120 N. Kirkwood</u> <u>Chicago, IL 60646</u>	Nature of Claim <u>Professional Fees</u>	Amount of Claim <u>\$9,000.00</u>
Name and Address of Petitioner <u>James W. Power</u> <u>4202 Paseo de las Tortugas</u> <u>Torrance, CA 90505</u>	Nature of Claim <u>Director's Fees</u>	Amount of Claim <u>\$74,000.00</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>\$95,000.00</u>

0 continuation sheets attached

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Case No. \_\_\_\_\_

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**X** \_\_\_\_\_  
Signature of Petitioner or Representative (State title)  
19 Vine, LLC  
Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_  
Name and Mailing Justin P. Oberman  
Address of Individual Managing Director  
Signing in Representative 1962 Bissell, No. 3  
Capacity Chicago, IL 60614

**X** \_\_\_\_\_  
Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_  
Dean W. Greer  
Name of Attorney Firm (If any) \_\_\_\_\_  
Address 2929 Mossrock, Suite 117  
San Antonio, TX 78230  
Telephone No. (210) 342-7100

**X** Michael Alvarez  
Signature of Petitioner or Representative (State title) \_\_\_\_\_  
Michael Alvarez  
Name of Petitioner \_\_\_\_\_ Date Signed 04/15/10  
Name and Mailing \_\_\_\_\_  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

**X** Dean W. Greer  
Signature of Attorney \_\_\_\_\_ Date 4/16/10  
Dean W. Greer  
Name of Attorney Firm (If any) \_\_\_\_\_  
Address 2929 Mossrock, Suite 117  
San Antonio, TX 78230  
Telephone No. (210) 342-7100

**X** \_\_\_\_\_  
Signature of Petitioner or Representative (State title)  
James W. Power  
Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_  
Name and Mailing \_\_\_\_\_  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_  
Dean W. Greer  
Name of Attorney Firm (If any) \_\_\_\_\_  
Address 2929 Mossrock, Suite 117  
San Antonio, TX 78230  
Telephone No. (210) 342-7100

**PETITIONING CREDITORS**

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